

THE CLEVELAND MUSEUM OF ART

FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 6 to JUNE 14 1964

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any

Artist ALBERT GO.

FIRST NAME

G

NC

NC

Address 14633 EUCLID AVE.
NO. STREET CITY

NO. **STREET**

CITY

ZIP CODE

COUNTY

LAST NAME

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Tel. 451-4465

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

It is also
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in this e

Albert G. Longfellow

SIGNATURE